

**Department of Intellectual and Developmental Disabilities
Quality Assurance Organizational Review
for
Day, Residential, Personal Assistance & Clinical Services**

Domain 2. Individual Planning and Implementation			
Related CQL Personal Outcome Measures:			
➤ People experience continuity and security.			
➤ People use their environments.			
➤ People choose services.			
➤ People choose personal goals.			
Related CQL Basic Assurance Indicators			
➤ People access quality health care.			
➤ The organization provides individualized safety supports.			
➤ The organization implements an ongoing staff development program.			
➤ The support needs of individuals shape the hiring, training and assignment of all staff.			
➤ People's individual plans lead to person-centered and person-directed services and supports.			
➤ The organization provides positive behavioral supports to people.			
➤ The organization provides continuous and consistent services and supports for each person.			
➤ Business, administrative and support functions promote personal outcomes.			
➤ The cumulative record of personal information promotes continuity of services.			
Outcome 2A. The person's plan reflects his or her unique needs, expressed preferences and decisions.			
Indicators	Results	Guidance	Comments
*2.A.4. Current and appropriate assessments of the person's abilities, needs and desires for the future are used in developing the plan.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	For all Providers: The provider has a process to ensure completion of the Risk Issues Identification Tool prior to completion of an initial assessment, the annual reassessment or whenever needed to address emerging needs or amend current support and interventions. For Day, Residential, Personal Assistance, Therapy and Behavior Providers: The provider has a process to ensure that required assessments are completed and forwarded to the appropriate provider in a timely manner as required. The entity that writes an ISP has ultimate responsibilities in this area. <i>Provider Manual reference: 3.5; 3.6; 3.6-1; 4.6.a.</i>	

Outcome 2B. Services and supports are provided according to the person's plan.			
Indicators	Results	Guidance	Comments
*2.B.2. The person's plan is implemented in a timely manner.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	For Day, Residential and Personal Assistance Providers: The provider collaborates and cooperates with clinical services providers in the development and implementation of staff instructions, crisis plans and other specialty plans. <i>Day/Residential and PA Provider Manual Reference: 3.10; 3.10.1; 12.7.</i>	
*2.B.4. Provider staff are knowledgeable about the person's plan.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	For all Providers: The provider develops and implements a process to ensure staff are knowledgeable about the person's plan <i>Provider Manual reference: 5.3.11.</i>	
*2.B.5. Provider documents provision of services and supports in accordance with the plan.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	For all Providers: Provider documentation systems are developed to support the delivery of services. Practices include oversight to ensure staff understand responsibilities for documentation. <i>Provider Manual reference: 3.10</i>	
Outcome 2D. The person's plan and services are monitored for continued appropriateness and revised as needed.			
Indicators	Results	Guidance	Comments
2.D.5. The provider has a process for reviewing and monitoring the implementation of the plan and progress toward desired goals.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	For all Providers: The provider has developed an ongoing, systematic review process that promotes identification, tracking and coordination of activities related to implementation of each person's plan and any needed follow-up activities.	

		<p>For Therapy & Behavior Providers: The provider has a process to prepare a review of progress and an updated justification for services at the time of the annual ISP review.</p> <p><i>Day-Residential and PA Provider Manual reference: 3.10.</i> <i>Clinical Provider Manual reference: 3.10.; 13.10; 12.2.</i></p>	
*2.D.6. Provider documentation indicates appropriate monitoring of the plan's implementation.	<p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p>	<p>For all Providers: Providers utilize resolution processes if needed to ensure supports and services are provided in accordance with the ISP.</p> <p>The provider agency ensures that systems developed to verify service delivery are effective.</p> <p>Actions are taken to address problems in service delivery.</p> <p><i>Provider Manual reference: 3.10.b-c.</i></p>	

Domain 3. Safety and Security

Related CQL Personal Outcome Measures:

- People are safe.
- People experience continuity and security.
- People use their environments.
- People are free from abuse and neglect.

Related CQL Basic Assurance Indicators

- People are free from abuse, neglect, mistreatment and exploitation.
- Acute health needs are addressed in a timely manner.
- Staff immediately recognize and respond to medical emergencies.
- They physical environment promotes people's health, safety and independence.
- The organization has individualized emergency plans.
- Routine inspections ensure that environments are sanitary and hazard free.
- The organization implements an ongoing staff development program.
- The organization implements systems that promote continuity and consistency of direct support professionals.
- Business, administrative and support functions promote personal outcomes.
- The cumulative record of personal information promotes continuity of services.

➤ The organization implements policies and procedures that define, prohibit and prevent abuse, neglect, mistreatment and exploitation.			
➤ The organization implements systems for reviewing and analyzing trends, potential risks and sentinel events including allegations of abuse, neglect, mistreatment and exploitation, and injuries of unknown origin and deaths.			
➤ Support staff know how to prevent, detect and report allegations of abuse, neglect, mistreatment and exploitation.			
➤ The organization ensures objective, prompt and thorough investigations of each allegation of abuse, neglect, mistreatment and exploitation, and of each injury, particularly injuries of unknown origin.			
➤ The organization ensures thorough, appropriate and prompt response to substantiated cases of abuse, neglect, mistreatment and exploitation, and to other associated issues identified in the investigation.			
➤ The organization implements a system for staff recruitment and retention.			
Outcome 3A: Where the person lives and works is safe.			
Indicators	Results	Guidance	Comments
*3.A.3. Provider responds to emergencies in a timely manner.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	For Day, Residential and Personal Assistance Providers: The provider develops safety and emergency procedures that address, for all times when the service is delivered: <ul style="list-style-type: none"> • Emergency care for people receiving services including emergency transportation, emergency medical care and staff coverage during the event; • Fire evacuation and natural disaster emergencies; and • Provider facilities, services provided and needed safety equipment present at a site. The provider ensures education and training occurs to support the person and their staff to know what to do (or how he or she will be supported) in the event of a fire, tornado or other emergency situations. <i>Day-Residential and PA Provider Manual reference: 5.3.5., 5.3.8.; 5.3.9.; 6.4.b.; 8.6.; 8.8</i>	
3.A.4. Provider staff report that the system for obtaining back-up or emergency staff is working.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	For all Providers: The provider has a system to ensure sufficient qualified and trained staff are available to provide all authorized services <i>Provider Manual reference: 5.9</i>	

<p>*3.A.5. Providers assess and reassess the home and work environment regarding personal safety and environmental safety issues.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p>For Day, Residential and Personal Assistance Providers: The provider's supervision plan or other oversight process is utilized to routinely monitor home and work/day environments where people receive supports and services to identify issues that could negatively impact people's safety.</p> <p>The provider has procedures for staff to report any environmental or person specific safety needs that have been identified.</p> <p>For Day Providers: The provider routinely assesses whether the person feels safe and secure in all of his/her environments.</p> <p>For Family Model Residential Support Providers: Prior to placement of a person in a family model residential home, the provider must complete a DIDD-compliant home study and the current DIDD Family Model Residential Supports Initial Site Survey to ensure that the home meets the person's needs and that the family and person are compatible and well matched.</p> <p>The DIDD Family Model Residential Supports Monitoring Tool is completed on an annual basis.</p> <p>For Personal Assistance Providers: Prior to initiation of personal assistance services that will be rendered in a private home, the agency will conduct an inspection of the home to ensure that the person's health, safety and welfare can be maintained while receiving services within the designated environment. The inspection will be conducted utilizing the Personal Assistance Environmental Checklist.</p> <p>The results of the inspection will be shared with the person and family. Support coordinators / case managers and personal assistance providers will work with the family to assist in the resolution of issues identified and the identification of</p>	
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		<p>resources to assist in making repairs or purchasing necessary items required to ensure that the home meets safety standards.</p> <p><i>Day-Residential and PA Provider Manual reference: 5.6.; 11.1.b.; 15.3.c.; Family Model Residential Supports Monitoring Guide</i></p>	
*3.A.6. Providers resolve safety issues in a timely manner.	<p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p>	<p>For Day, Residential and Personal Assistance Providers:</p> <p>Providers have a process to ensure that safety issues are addressed and resolved.</p> <p>Information obtained from these activities is reviewed as a part of the agency's self assessment process.</p> <p>For Clinical Providers:</p> <p>The clinical provider has a process for reporting any obvious safety issues identified while providing services to an individual (such as a questionable amount of food, broken air conditioning in the summer, etc.).</p> <p><i>Provider Manual reference: 2.1.; 5.3.; 5.4.</i></p>	
*3.A.7. Providers use a system of inspection and maintenance of vehicles used for transport.	<p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p>	<p>For Day, Residential and Personal Assistance Providers:</p> <p>The provider ensures the routine inspection of all agency owned vehicles and the review of personally (employee) owned vehicles used for transportation, including adaptive equipment used in the vehicles, and develops actions to address any identified concerns.</p> <p><i>Day-Residential and PA Provider Manual reference: 5.2.a.4.; 5.7.6.; 15.5.b. Provider Agreement A.15.</i></p>	
Outcome 3B. The person has a sanitary and comfortable living arrangement.			

Indicators	Results	Guidance	Comments
*3.B.2. The provider implements an ongoing monitoring process to assure that the person is in a sanitary and comfortable living environment.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	For Day and Residential Providers: The provider agency supervision plan or other oversight process is utilized to routinely monitor the maintenance of a sanitary and comfortable living environment and/or program site. Provider staff take actions to communicate and rectify any individual and/or systemic issues or problems identified. <i>Day-Residential Provider Manual reference: 5.6., 5.3.9.</i>	
Outcome 3C. Safeguards are in place to protect the person from harm.			
Indicators	Results	Guidance	Comments
*3.C.4. The provider has developed and implemented protection from harm policies and procedures.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	For all Providers: The provider develops written protection from harm policies and procedures that are consistent with the DIDD Provider Manual and address the specific services provided. The provider's protection from harm policies guide all administrative staffing actions during the investigative process for all allegations of abuse, neglect or exploitation. Procedures include: <ul style="list-style-type: none"> • A reportable incident form is filed for every incident that is witnessed or discovered; and • Completed reportable incident forms are stored securely and confidentially in an area separate from the person's record. The provider prohibits the use of procedures that cause harm to the person or violate the person's human rights, in accordance with the DIDD Provider Manual. For Day, Residential and Personal Assistance Providers: Procedures include: <ul style="list-style-type: none"> • A staff person has been designated as Incident Management Coordinator and has 	

		<p>received training approved by DIDD.</p> <p>The agency has a Crisis Intervention Policy that is consistent with DIDD requirements and approved by an HRC. As applicable, policies shall also include instructions for the use of PRH psychotropic medications and behavioral safety interventions.</p> <p>Agency policy ensures behavioral safety interventions are used only when alternative strategies are ineffective and a person's behavior poses an imminent risk of harm to self or others.</p> <p><i>Provider Manual reference: 5.3.; 7.2.; 7.3.; 7.4.; 7.6.; 10.2.c; 12.6.7; 12.7.1.</i></p>	
*3.C.5. Provider staff are knowledgeable about the protection from harm policies and procedures.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>For Clinical Providers:</p> <p>The clinical provider has a process that ensures staff know how to access the State Investigator contact number and are knowledgeable about how to identify and report instances of suspected abuse, neglect or exploitation</p> <p><i>Clinical Provider Manual reference: 5.3.12.; 7.2; 7.4.</i></p>	
*3.C.6. Potential employees are screened to ensure that known abusers are not hired.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>For all Providers:</p> <p>Provider personnel records reflect that the provider has checked applicable registries prior to hiring employees, subcontracting or utilizing volunteers. The organization is responsible for consulting the Abuse Registry, the Tennessee Sexual Offender Registry, the TN Felony Offender List and the Office of Inspector General's List of Excluded Individuals/ Entities.</p> <p>No individual listed on the Abuse Registry, the Tennessee Sexual Offender Registry, the TN Felony Offender List, or the Office of Inspector General's List of Excluded Individuals/ Entities is allowed to volunteer or to be employed to provide direct support to individuals receiving services.</p>	

		<p>The Provider has a process to screen its employees and subcontractors on an ongoing monthly basis through the OIG List of Excluded Individuals/Entities to determine whether any of them has been terminated, debarred or excluded from participation in Medicare, Medicaid, SCHIP, or any Federal health care programs (as defined in Section 1128B (f) of the Social Security Act) and not employ or contract with an individual or entity that has been excluded.</p> <p>The provider has completed background checks on all staff hired in accordance with DIDD requirements.</p> <p>The provider does not employ, retain, hire or contract with any individuals, as staff or volunteers, who meet the definition of prohibited staff in the DIDD Provider Agreement.</p> <p>Provider personnel records reflect that employment applications were complete for all applicants hired and contain reference to their involvement in any case of substantiated abuse, neglect or exploitation (mistreatment), as per the current DIDD Provider Agreement.</p> <p>All employees, personnel of the provider's subcontractors and/or volunteers have in their personnel files a signed statement regarding their involvement in any case of substantiated abuse, neglect or exploitation (mistreatment), as per the current DIDD Provider Agreement.</p> <p><i>Provider Manual reference: 5.2.b.; 5.2.c.; 5.2.d.; 5.2.g.; 10.13.; 10.13.a.; 10.13.b.; Provider Agreement A.12.</i></p>	
3.C.9. The provider records all complaints, takes action to appropriately resolve the complaints presented, and documents complaint resolution achieved.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>For all Providers:</p> <p>There is evidence that the provider has established a Complaint Resolution System which includes, but is not limited to:</p> <ul style="list-style-type: none"> • Designation of a staff member as the complaint contact person; 	

		<ul style="list-style-type: none"> • Maintenance of a complaint log, and • Documentation / trending of complaint activity. <p>The provider's policies for addressing questions and concerns are in place and include a process for outside review if indicated.</p> <p>The provider's documentation indicates responsiveness to questions and concerns.</p> <p><i>Provider Manual reference: 2.6.a.</i></p>	
*3.C.10. The provider reports incidents as required by DIDD, including following timeframes and directing the report to the appropriate party.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>For all Providers: The provider complies with protection from harm reporting as required by State law, DIDD requirements and any applicable court orders.</p> <p>Deaths are reported according to the DIDD Provider Manual.</p> <p>Emergency or programmatic use of manual restraint, mechanical restraint, or protective equipment is a reportable incident.</p> <p><i>Provider Manual reference: 7.1-1.; 7.1.c.12.; 7.2.; DIDD Policy 90.1.2. Death Reporting and Review Policy</i></p>	
*3.C.11. The provider reviews all DIDD investigations and develops and implements planned corrective or preventive action.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>For Day, Residential and Personal Assistance Providers: IRC minutes reflect review of investigation recommendations.</p> <p>For all Providers: The provider tracks all actions regarding substantiated and unsubstantiated investigations until resolution is achieved (the provider tracks only investigations applicable to them) per requirements in the DIDD provider manual.</p> <p>The provider notifies or documents attempts to notify alleged perpetrator(s) of the outcome of the investigation.</p>	

		<p>Within fifteen (15) days of receipt of the DIDD Summary of Investigation Report, the provider conducts a discussion of the investigation with the person(s) involved and legal representative, if applicable.</p> <p><i>Provider Manual reference: 7.3.; 7.4.8.; 7.4.12.</i></p>	
*3.C.12. The provider reviews incidents of staff misconduct in accordance with approved guidelines and resolves them in a timely manner.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>For all Providers:</p> <p>The provider has effective procedures for reviewing and addressing incidents of staff misconduct.</p> <p><i>Provider Manual reference: Chapter 7</i></p>	
3.C.14. The provider analyzes trends in medication variances and implements prevention strategies.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>For Day, Residential and Personal Assistance and Nursing Providers:</p> <p>The agency has policies and procedures for tracking and trending medication variance/ omissions incidents to analyze trends and implement prevention strategies.</p> <p>As a part of their self-assessment process, the provider agency conducts routine reviews of medication administration variances and develops actions to address any systemic concerns.</p> <p>As a result of these reviews, the provider assures that medication variances are monitored to ensure appropriate reporting, recommendations are reviewed as necessary, corrective actions and recommendations are implemented, information is provided to Support Coordinators / Case Managers for risk assessments, and trends are identified.</p> <p><i>Day-Residential, PA, and Nursing Provider Manual reference: 5.3; 5.4; 5.5; Chapter 8.</i></p>	
*3.C.15. Providers review reportable incidents to determine trends and develop and implement prevention and corrective strategies.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>For Day, Residential and Personal Assistance Providers:</p> <p>The agency Incident Review Committee (IRC) meets at least every other week (or as approved</p>	

		<p>annually by DIDD).</p> <p>The Incident Management Coordinator is responsible for maintaining minutes of the meetings of the Incident Review Committee. The minutes must include names of those in attendance (whether in person, by phone, etc.) and documentation of the committee's discussion, recommendations and actions.</p> <p>IRC minutes reflect the committee performs the following functions:</p> <ul style="list-style-type: none"> • Monitoring to ensure appropriate reporting of incidents; • Reviewing and providing recommendations as necessary regarding provider incident reports, DIDD completed investigation reports and provider incident reviews, including staff misconduct incidents; • Ensuring implementation of corrective actions and recommendations pertaining to Reportable Incidents; • Identifying trends regarding reportable incidents; and • Identifying individual risk issues for prevention of harm. <p>The provider implements procedures for the completion of an annual written analysis of the trends and patterns related to Reportable Incidents. The annual written analysis must be completed each year and is made available to DIDD within 2 business days of the request.</p> <p>Corrective actions are developed and implemented for all trends identified.</p> <p>The agency has an effective process for evaluation of the accountability of its incident reporting.</p> <p><i>Day-Residential and PA Provider Manual reference: 7.3.</i></p>	
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Domain 4. Rights, Respect and Dignity			
Related CQL Personal Outcome Measures:			
➤ People are treated fairly.			
➤ People choose where and with whom they live.			
➤ People use their environments.			
➤ People live in integrated environments.			
➤ People choose services.			
➤ People are respected.			
➤ People exercise rights.			
➤ People choose where they work.			
Related CQL Basic Assurance Indicators			
➤ The organization implements policies and procedures that promote people's rights.			
➤ The organization supports people to exercise their rights and responsibilities.			
➤ People are treated as people first.			
➤ The organization respects people's concern and responds accordingly.			
➤ Supports and services enhance dignity and respect.			
➤ The organization provides continuous and consistent services and supports for each person.			
➤ Staff recognize and honor people's rights			
➤ People have privacy.			
➤ The organization treats people with psychoactive medication for mental health needs consistent with national standards of care.			
➤ People are free from unnecessary, intrusive interventions.			
➤ The organization upholds due process requirements.			
➤ The organization provides positive behavioral supports to people.			
Outcome 4A. The person is valued, respected and treated with dignity.			
Indicators	Results	Guidance	Comments
4.A.4. Provider policies and procedures promote treatment of people with respect and dignity.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	For all Providers: The provider's mission statement, policies and procedures, and other applicable training and management systems promote treatment of people with respect and dignity and are consistent with DIDD Provider Manual. Provider policies and training systems promote a positive support model rather than a caretaker model. For Day, Residential and Personal Assistance Providers: Staff receive education / training about the use of person-centered language and supports that	

		<p>promote respect and dignity (examples might include: orientation training, ongoing in-service training, incident management system, supervision plan, etc.).</p> <p>Through the implementation of various policies and procedures, the provider agency routinely monitors to determine if persons receiving services are treated with dignity, respect and fairness; are listened to, responded to and treated as adults (if an adult).</p> <p>All evidence indicates that persons are treated in a respectful, dignified manner with appropriate verbal references.</p> <p>Observation in homes, offices and work or day centers operated by the provider indicates that persons are treated appropriately.</p> <p>For Clinical Providers: The agency implements a process for reviewing documentation and any other written work products over an initial period for new employees to ensure that written products use person first, respectful language. When issues are identified, there is evidence of follow-up with additional training.</p> <p>Appointments made with the person by provider staff are kept and on-time, as arranged or documentation addresses why appointments were not kept</p> <p>Services and supports are consistently implemented in accordance with the person's current preferred lifestyle and related needs, and in a manner to increase personal independence, productivity, integration and inclusion.</p> <p>Personal information is maintained in a confidential manner.</p> <p><i>Provider Manual reference: 2.1.a.; 2.3; 2.4; 2.7.</i></p>	
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Outcome 4C. The person exercises his or her rights.			
Indicators	Results	Guidance	Comments
*4.C.3. The person is encouraged to exercise personal control and choice related to his or her own possessions.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	For Day and Residential Providers: The provider is pro-active in establishing procedures and supervisory practices to ensure the safekeeping and good condition of a person's personal property including clothing. <i>Day-Residential Provider Manual reference: 2.1.a.; 2.3.</i>	
4.C.11. The provider supports people to exercise their rights (e.g., voting).	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	For Day, Residential and Personal Assistance Providers: The provider's policies ensure that the person is supported to exercise the same rights as all other citizens (freedom of speech, freedom of association, freedom of religion, freedom to vote, equal opportunity, equal protection under the law). <i>Day-Residential and PA Provider Manual reference: 2.2; 2.3; 2.4.</i>	
Outcome 4D. Rights restrictions and restricted interventions are imposed only with due process.			
Indicators	Results	Guidance	Comments
*4.D.3. Rights restrictions and restricted interventions are reviewed and/or approved in accordance with DIDD requirements.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	For all Providers: People's rights are limited only with review and approval by a properly constituted Human Rights Committee. Providers adhere to DIDD requirements regarding the use and documentation of emergency and programmatic use of restraint and protective equipment. The Behavior Support and Human Rights Committees operate according to DIDD requirements. The agency utilizes the Regional and/or Statewide Behavior Support and a local or Regional Human Rights Committee for the review and approval of	

		restricted, special individualized, and specialized behavioral safety interventions. These committees determine if rights issues have been addressed. <i>Provider Manual reference: 2.9; Chapter 12</i>	
Domain 5. Health			
Related CQL Personal Outcome Measures:			
➤ People have the best possible health.			
➤ People choose services.			
Related CQL Basic Assurance Indicators			
➤ People have supports to manage their own health care.			
➤ People access quality health care.			
➤ Data and documentation support evaluation of health care objectives and promote continuity of services and supports.			
➤ Acute health needs are addressed in a timely manner.			
➤ Staff immediately recognize and respond to medical emergencies.			
➤ The organization treats people with psychoactive medication for mental health needs consistent with national standards of care.			
➤ People are free from unnecessary, intrusive interventions.			
➤ Business, administrative and support functions promote personal outcomes.			
➤ People receive medication and treatments safely and effectively.			
➤ The organization implements an ongoing staff development program.			
➤ The cumulative record of personal information promotes continuity of services.			
Outcome 5A. The person has the best possible health.			
Indicators	Results	Guidance	Comments
*5.A.5. Needed health care services and supports are provided.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	For Day, Residential, Personal Assistance and Nursing Providers: The provider develops / maintains policies and implements practices that achieve outcomes related to health care management and oversight. Providers comply with the DIDD Provider Manual for development and implementation of documentation systems related to health care oversight and communication of health care information. <i>Day-Residential, PA and Nursing Provider Manual reference: 5.3.6.; 8.2.; 8.4.5.; TCA 4-5-202; TCA 68-4-90Y; TCA 1200-20-12-.05</i>	

5.A.6. Health care services and supports are coordinated among providers and family members.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	For Day and Residential Providers: The provider has a pattern of practice in developing positive collaborative relationships with families, ISCs and providers, including outside healthcare providers such as physicians, dentists, therapists, and behavioral/mental health professionals. <i>Day-Residential Provider Manual reference: Chapter 8</i>	
Outcome 5B. The person takes medications as prescribed.			
Indicators	Results	Guidance	Comments
5.B.1. The person's record adequately reflects all the medications taken by the person.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	For Day, Residential, Personal Assistance and Nursing Providers: The provider has a process to ensure people's records contain current physician's orders for each medication (includes prescribed and over the counter). The provider's process ensures that medical practitioners have information about the person's current medications as well as pertinent historical information about any allergies or issues related to specific medications. <i>Day-Residential, PA and Nursing Provider Manual reference: Chapter 8; 10.5; DOH 1200-8-34-.05C.7.; TCA 1200-8-34-.06C.8; Open Line 8/31/12; Principles of Medication Administration Class Unit 6</i>	
*5.B.2. Needed medications are provided and administered in accordance with physician's orders.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	For Day, Residential and Personal Assistance Providers: If staff is responsible for administering medications, the provider has a process and documentation ensuring medications are available and administered per physician's orders. As a part of the medication administration management policy, the provider agency develops	

		<p>and implements procedures for oversight and reporting of medication variances when staff are responsible for administering medications. The provider agency routinely monitors implementation of these procedures.</p> <p><i>Day-Residential and PA Provider Manual reference: Chapter 8</i></p>	
<p>*5.B.3. Only appropriately trained staff administer medications.</p>	<p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p>	<p>For Day, Residential and Personal Assistance Providers:</p> <p>The provider agency or program that employs unlicensed personnel has an accepted written policy and procedure demonstrating compliance with DIDD medication administration rules for any employees who administer medications.</p> <p>The provider agency routinely monitors implementation of medication administration procedures and has developed and implemented a process to ensure staff demonstrate competency and compliance with policy when administering medication (Note: If the service is provided by a Home Health Agency, the medications are administered only by licensed personnel).</p> <p>For practices not covered under the DIDD medication administration certification program, the provider develops and implements a policy to cover these practices. This includes how medications are provided for persons under 18 years of age.</p> <p>The provider reviews its medication administration policy annually for continued appropriateness.</p> <p><i>Day-Residential and PA Provider Manual reference: 6.4.c.; 8.5.a.; TCA 4-5-202; 68-1-904; 1200-20-12.06(1); 1200-20-12-.07; 1200-20-12-.03 & .4; Joint Statement on Delegation</i></p>	

<p>*5.B.4. Medication administration records are appropriately maintained.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p>For Day, Residential and Personal Assistance Providers: As a part of the Medication Administration Management Policy, the provider agency develops and implements procedures for oversight and completion of Medication Administration Records. The provider agency routinely monitors to ensure that physician orders, prescription labels and MARs match.</p> <p><i>Day-Residential and PA Provider Manual reference: Chapter 8; Principles of Medication Administration Class Unit 6; TCA 4-5-202; 68-1-904; 1200-20-12</i></p>	
<p>5.B.5. Storage of medication ensures appropriate access, security, separation, and environmental conditions.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p>For Day, Residential and Personal Assistance Providers: As a part of the Medication Administration Management Policy, the provider agency develops and implements procedures for medication storage and disposal. The provider agency routinely monitors implementation of these procedures. (Note: For PA, procedures relate only to any necessary storage while the person is in transit with the personal assistant.)</p> <p><i>Day-Residential and PA Provider Manual reference: Chapter 8; TCA 4-5-202; 68-1-904; 1200-20-12.06</i></p>	
<p>Outcome 5C. The person's dietary and nutritional needs are adequately met.</p>			
Indicators	Results	Guidance	Comments
<p>*5.C.1. The person is supported to have good nutrition.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p>For Day and Residential Providers: Procedures are implemented by the provider agency to ensure people served are supported to practice good nutrition.</p> <p><i>Day-Residential Provider Manual reference: 8.1.; 8.2.</i></p>	

<p>*5.C.3. The provider implements an ongoing monitoring process to assure that the person's dietary and nutritional needs are adequately met.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p>For Day, Residential and Personal Assistance Providers: The provider agency health care management and oversight plan and/or oversight process is utilized to routinely monitor the provision of appropriate food supplies and implementation of recommended programs and/or plans in accordance with the nutritional needs of the person as noted in the ISP and/ or prescribed for medical or health reasons.</p> <p>Provider staff take actions to communicate and rectify any individual and/ or systemic issues or problems identified.</p> <p><i>Day-Residential and PA Provider Manual reference: Chapter 8</i></p>	
<p>Domain 6. Choice and Decision Making</p>			
<p>Related CQL Personal Outcome Measures:</p>			
<p>➤ People exercise rights.</p>			
<p>➤ People choose where and with whom they live.</p>			
<p>➤ People choose where they work.</p>			
<p>➤ People live in integrated environments.</p>			
<p>➤ People choose services.</p>			
<p>➤ People choose personal goals.</p>			
<p>Related CQL Basic Assurance Indicators</p>			
<p>➤ The organization implements a system for staff recruitment and retention.</p>			
<p>➤ The support needs of individuals shape the hiring, training and assignment of all staff.</p>			
<p>➤ The organization implements systems that promote continuity and consistency of direct support professionals.</p>			
<p>➤ Decision-making supports are provided to people as needed.</p>			
<p>➤ People have meaningful work and activity choices.</p>			
<p>➤ The organization provides continuous and consistent services and supports for each person.</p>			
<p>Outcome 6A. The person and family members are involved in decision-making at all levels of the system.</p>			
<p>Indicators</p>	<p>Results</p>	<p>Guidance</p>	<p>Comments</p>
<p>6.A.3. The person and family members are given the opportunity to participate in the selection and evaluation of their direct support staff.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p>For Day, Residential and Personal Assistance Providers: The provider has practices that address how the person and his/her legal representative may be</p>	

		involved in the selection and evaluation of his/her support staff. <i>Day-Residential and PA Provider Manual reference: 3.3; 11.1.d.</i>	
6.A.9. On an ongoing basis, the agency solicits input from people supported and their families/ conservators regarding how agency supports are planned and provided.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	For all Providers: The agency has formal or informal practices that facilitate communication between the agency, person and family/legal representative regarding the organization. Practices may include committees, newsletters, suggestion boxes, planning groups, meetings, focus groups, comment cards, website, etc. <i>Provider Manual reference: IN.3.c.; IN.8.c.12.</i>	

Outcome 6B. The person and family members have information and support to make choices about their lives.

Indicators	Results	Guidance	Comments
6.B.5. The provider ensures that the person has information and support to make choices.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	For Day, Residential and Personal Assistance Providers: Provider policies and practices encourage the person to be comfortable expressing choices or opinions and ensure that there is no retaliation for opinions, choices and decisions expressed. <i>Day-Residential and PA Provider Manual reference: IN.8.c.4.; IN.8.c.7.; 2.4.b.; 2.6.b.</i>	

Domain 7. Relationships and Community Membership
Related CQL Personal Outcome Measures:

- People are connected to natural support networks.
- People have intimate relationships.
- People live in integrated environments.
- People interact with other members of the community.
- People choose services.
- People participate in the life of the community.
- People have friends.

➤ People choose where they work.			
➤ People perform different social roles.			
➤ People choose personal goals.			
Related CQL Basic Assurance Indicators			
➤ People have meaningful work and activity choices.			
➤ Policies and procedures facilitate continuity of natural support systems.			
➤ The organization recognizes emerging support networks.			
➤ Communication occurs among people, their support staff and their families.			
➤ The organization facilitates each person's desire for natural supports.			
Outcome 7A. The person has relationships with individuals who are not paid to provide support.			
Indicators	Results	Guidance	Comments
7.A.3. The provider supports enable the person to have meaningful relationships with individuals who are not paid to provide support.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	For Day and Residential Providers: Provider policy and practices. <i>Day-Residential Provider Manual reference: 3.5.; 5.3.4.</i>	
Outcome 7B. The person is an active participant in community life rather than just being present.			
Indicators	Results	Guidance	Comments
7.B.3. The provider supports the person to be an active participant in community life.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	For Day and Residential Providers: Provider policies and practices support people in having opportunities for membership in community clubs, organizations or groups (formal or informal) of his or her choosing, as desired. <i>Day-Residential Provider Manual reference: IN.8.c.; 2.1.a.; 5.3.4.</i>	
Domain 8. Opportunities for Work			
Related CQL Personal Outcome Measures:			
➤ People are connected to natural support networks.			
➤ People experience continuity and security.			
➤ People choose where they work.			
➤ People use their environments.			
➤ People live in integrated environments.			
➤ People choose services.			

➤ People choose personal goals.			
Related CQL Basic Assurance Indicators			
➤ People have meaningful work and activity choices.			
➤ The organization implements an ongoing staff development program.			
➤ The organization provides continuous and consistent services and supports for each person.			
➤ Business, administrative and support functions promote personal outcomes.			
Outcome 8A. The person has a meaningful job in the community.			
Indicators	Results	Guidance	Comments
*8.A.5. The provider ensures that there are supports to promote job success, career changes and advancement.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	For Day Providers: Throughout the provider's operation, the concept of community employment for people served is actively promoted. Protocol has been developed that provides guidance for the assessment and improvement of the planning processes and incorporates strategies for increasing community employment, encouraging upward movement through the various levels of DIDD employment supports, and career advancement. <i>Day Provider Manual reference: 3.3.; 11.2.; Provider Agreement A.24.; Day Services definition.</i>	
8.A.6. The provider promotes the development of supports and mentoring for employment staff.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	For Day Providers: Staff development via initial and ongoing training and support is provided specifically to promote expertise in the area of coworker supports for employees in work positions. There is an agency-wide culture that affirms the value of productive work and earning money on the self esteem and independence of persons, and the importance of staff persons who support the person's ability to work and succeed in his/her job. The agency ensures there are sufficient staff who have received job coach training that is approved by DIDD.	

		<p>Mentoring of employment staff is provided by staff, internal or external to the agency, with expertise in supporting people in integrated employment.</p> <p><i>Day Provider Manual reference: 5.9.; 6.1.; 6.7.; Provider Agreement A.24.</i></p>	
Outcome 8B. The person's day service leads to community employment or meets his or her unique needs.			
Indicators	Results	Guidance	Comments
*8.B.1. The person's day services and their preferences related to work are periodically reviewed.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>For Day Providers:</p> <p>The agency has a process for educating the person about employment opportunities available to them in their community.</p> <p><i>Day Provider Manual reference: 3.6.; 11.2.; Arlington Exit Plan 1/15/13; Provider Agreement A.24.</i></p>	
8.B.4. The provider ensures that there are supports to promote opportunities for having meaningful day activities.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>For Day and Residential Providers:</p> <p>The provider has developed and implemented policies and practices that:</p> <ul style="list-style-type: none"> • Ensure that employment is considered first; • Assist the person to access employment services when indicated; • Identify activities needed to address barriers in service delivery; and • Address staff education and training. <p><i>Day-Residential Provider Manual reference: 5.3.; Provider Agreement. A.24.</i></p>	
Domain 9. Provider Capabilities and Qualifications			
Related CQL Personal Outcome Measures:			
➤ People decide when to share personal information.			
➤ People are free from abuse and neglect.			
Related CQL Basic Assurance Indicators			
➤ The organization implements policies and procedures that define, prohibit and prevent abuse, neglect, mistreatment and exploitation.			

➤ The organization implements systems for reviewing and analyzing trends, potential risks and sentinel events including allegations of abuse, neglect, mistreatment and exploitation, and injuries of unknown origin and deaths.			
➤ Data and documentation support evaluation of health care objectives and promote continuity of services and supports.			
➤ People receive medication and treatments safely and effectively.			
➤ They physical environment promotes people's health, safety and independence.			
➤ The organization implements a system for staff recruitment and retention.			
➤ The support needs of individuals shape the hiring, training and assignment of all staff.			
➤ The organization implements systems that promote continuity and consistency of direct support professionals.			
➤ The organization treats its employees with dignity, respect and fairness.			
➤ The organization provides continuous and consistent services and supports for each person.			
➤ The organization provides positive behavioral supports to people.			
➤ The organization's mission, vision and values promote attainment of personal outcomes.			
➤ Business, administrative and support functions promote personal outcomes.			
➤ The cumulative record of personal information promotes continuity of services.			
➤ Support staff know how to prevent, detect and report allegations of abuse, neglect, mistreatment and exploitation.			
➤ The organization has individualized emergency plans.			
➤ The organization implements an ongoing staff development program.			
Outcome 9A. The provider meets and maintains compliance with applicable licensure and Provider Agreement requirements.			
Indicators	Results	Guidance	Comments
*9.A.1. The provider meets and maintains compliance with applicable licensure, certification, and contract requirements.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	For all Providers: The provider has a valid license or certification for all services provided during the entire survey period, if required. Providers of nursing, occupational therapy, physical therapy, and speech language pathology have a current Professional Support Services license through Tennessee Department of Health. Residential habilitation facilities may be used for respite without additional licensing but may not exceed licensed capacity. Administering agencies for host family residential living and supported living are licensed. A Department of Labor certificate is in place for organizations that provide services that include the payment of subminimum wages. For Behavior Providers: The behavior agency maintains evidence of certification or letters of approval indicating the	

		<p>provider, employees, or subcontractees meet the minimal qualifications for a behavior provider.</p> <p><i>Provider Manual reference: 5.1.; 13.2.e.; 15.2.b.; 15.3.d.; Provider Agreement A.5, A.6.; DIDD "Behavior Provider Qualifications".</i></p>	
<p>*9.A.2. The provider complies with requirements in the provider agreement.</p>	<p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p>	<p>For all Providers: The provider has a current signed provider agreement that accurately reflects services provided during the course of the survey period.</p> <p>Provider staff at all levels of the organization have access to and are trained in accordance with provider policies and procedures, e.g. via an employee handbook.</p> <p>The Provider shall not subcontract without obtaining the prior written approval of the DIDD.</p> <p>The provider will maintain public liability and other appropriate forms of insurance.</p> <p>Provider agencies report any suspected Medicaid fraud to DIDD, TennCare and other appropriate agencies, per the provider agreement.</p> <p>For Clinical Providers: Subcontracts are directly with the clinical provider agency, not with other staff already subcontracted or employed by the clinical provider agency.</p> <p><i>Provider Manual reference: IN.3.a.; 5.10.; Provider Agreement A.14., D.4., D.8.</i></p>	
<p>9.A.3. The provider maintains appropriate records relating to the person.</p>	<p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p>	<p>For all Providers: The provider complies with appropriate DIDD requirements related to persons' records, including the records management policy and the Provider Manual.</p> <p>Requirements applicable to all providers maintaining service recipient records include:</p> <ul style="list-style-type: none"> Providers must implement written policies pertaining to records maintenance, including identification of the location of required 	

		<p>components of the record and identification of staff responsible for records maintenance;</p> <ul style="list-style-type: none"> • All service recipient records must be stored in a manner that maintains the confidentiality of the information contained by preventing inappropriate access to the records; • Records must be maintained by providers for a period of ten (10) years from date of death or discharge in accordance with the DIDD licensure standards (TCA 33-4-102), whether or not the provider is licensed by DIDD; • Department of Health professional support services licensure rules require maintenance of records for people with developmental disabilities for ten (10) plus one (1) years from date of death or discharge; • Records maintained in the home of the service recipient must be regularly purged to ensure usability of the record for direct support staff and to protect the confidentiality of the records; • Providers are to maintain original documents for the services provided by employed staff; • Providers are to maintain copies of required documentation obtained from contracted staff and other providers; • Records must be maintained by the provider in a manner that ensures that the records are accessible and retrievable within a reasonable time period; and • If records are maintained on an electronic system or electronic signatures are used, the provider follows DIDD policy. <p>Documentation is legible.</p> <p>Abbreviations are spelled out when first used.</p> <p><i>Provider Manual reference: 2.7.; 5.3.; Chapter 10; DIDD Policy 80.4.4. Electronic Records and Signatures; DIDD Provider Agreement</i></p>	
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<p>9.A.4. The provider develops and implements a written management plan describing how the agency conducts its business and specifying the provider's processes for protecting the health, safety and welfare of persons whom it supports.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p>For Day, Residential and Personal Assistance Providers: The required components of a Management Plan include:</p> <ul style="list-style-type: none"> • The provider's mission statement and philosophy of service delivery; • An organizational chart; • A description of service(s) offered by the provider; • Complaint resolution procedures for persons supported, family members, and legal representatives; • Required policies as noted in section 5.3.; and • For providers of transportation services or providers of services that include transportation as a component of the service, a description of how people will be provided access to transportation for medical appointments and other activities that may be specified in the ISP. <p><i>Day-Residential and PA Provider Manual reference: 5.2.a.; 5.3.; 5.7.</i></p>	
<p>*9.A.5. The provider has an effective self-assessment process to monitor the quality and effectiveness of the supports and services that are provided.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p>For all Providers: The provider maintains an ongoing self-assessment process.</p> <p>For Day, Residential and Personal Assistance Providers: To fulfill this requirement, providers of Day, Residential, and Personal Assistance services may use the Council for Quality and Leadership (CQL) Basic Assurances ® Self-Assessment.</p> <p>All Day, Residential, and Personal Assistance providers not using the CQL Basic Assurances ® Self-Assessment must include in self-assessment activities:</p> <ul style="list-style-type: none"> • Review of a sample of services provided to identify issues regarding documentation and the effectiveness of services; • Review of trends related to persons supported and family satisfaction with services provided; • Review of incident trends, including those 	

		<p>related to medication variances and errors and other health and safety factors;</p> <ul style="list-style-type: none"> • Review of external monitoring reports for the previous twelve (12) month period; • Review of any sanctions imposed during the previous twelve (12) month period; • Review of personnel practices, including staff recruitment and hiring, staff training and staff retention / turnover; • As applicable, review of processes intended to ensure timely access to health-related intervention, such as health care appointments and follow-up activities; • Review of policies and procedures to ensure continuing alignment with current DIDD requirements; and • Application of the current DIDD QA Survey Tool to a sample of persons supported. <p>For Clinical Providers: All Clinical providers must include in self-assessment activities:</p> <ul style="list-style-type: none"> • Records management processes; • Trends in any incident reports completed or investigations involving clinical staff; • Review of external monitoring reports and identification of any trends; • Review of any personnel practices, including staff recruitment and hiring, staff training, and staff retention and turnover; • Review of policies and procedures and any updates/revisions needed; • Review of a sample of services provided, including persons supported discharged from services, to identify documentation issues and service effectiveness; • Review of satisfaction survey processes and results; • Steps taken or changes made in response to internal and external review findings, including any sanctions and/or recoupments imposed; and • Ways the information gained through self-assessment is communicated to other agency 	
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		<p>staff or those outside of the agency as appropriate.</p> <p>For all Providers: The provider implements its self-assessment activities as written.</p> <p>The provider evaluates its self-assessment process periodically throughout the year to monitor its effectiveness.</p> <p>The results of the internal self-assessment are made available in an understandable fashion and communicated timely to consumers, staff, the governing body, and others upon request.</p> <p><i>Provider Manual reference: 5.4.; 9.8.b.; 12.9.; 13.7.; 14.2.e.</i></p>	
<p>*9.A.6. The provider reviews and utilizes information obtained from self-assessment activities to develop and implement an internal quality improvement process to improve supports and services.</p>	<p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p>	<p>For all Providers: The provider develops a written Quality Improvement Plan (QIP) to address the findings of all self-assessment activities.</p> <p>For Day, Residential and Personal Assistance Providers: The Internal Quality Improvement Plan includes:</p> <ul style="list-style-type: none"> • Analysis of the cause of any serious issues and problems identified. Serious issues and problems are those that impact multiple persons supported or those that have health and safety consequences requiring medical treatment of one or more persons supported; • Development of observable and measurable quality outcomes related to resolving the causal factors; • Establishment of reasonable timeframes for implementation of quality initiatives; • Assignment of staff responsible for completion of actions and achievement of quality outcomes; and • Modification of policies, procedures, and/or the management plan (potentially including the QI plan) to prevent recurrence of issues 	

		<p>and problems that were resolved.</p> <p>For all Providers: When problems are identified, the Quality Improvement Plan is reviewed and revised to ensure for timely correction / resolution of the problem / issues.</p> <p>The provider utilizes information gained from the internal self-assessment process to implement change to provider policies and procedures and the system of service provision.</p> <p><i>Provider Manual reference: 5.5.; 12.9.; 13.7.; 14.2.e.</i></p>	
Outcome 9B. Provider staff are trained and meet job specific qualifications.			
Indicators	Results	Guidance	Comments
*9.B.2. Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>For all Providers: The chief executive officer/executive director attended a DIDD new provider orientation or completed the online equivalent within ninety (90) calendar days of employment, appointment or contract with the agency.</p> <p>The provider has a training process / plan that ensures all employed and subcontracted staff and volunteers are trained in accordance with DIDD training requirements.</p> <p>Residential, day and personal assistance providers work with clinicians to designate at least one trainer to carry out ongoing training of staff on individual specific staff instructions. If the clinician deems it to be appropriate, he or she can train a designated trainer to train another designated trainer as necessary.</p> <p>The provider maintains documentation in personnel files to support that all staff participated in and demonstrated competency for all DIDD required training programs.</p>	

		<p>For Day, Residential and Personal Assistance Providers: The agency has a process to ensure that staff who provide direct support do not work alone with service recipients until all required 30 day training is completed.</p> <p>The provider assesses the effectiveness of training programs provided by provider-employed trainers in terms of staff competency testing scores and retention/ application of information presented in the direct support environment.</p> <p>For Clinical Providers: Newly employed and contracted staff providing clinical services complete orientation specific to new clinical service providers conducted by the Regional Office.</p> <p><i>Provider Manual reference: 5.3.; 5.4.; 5.8.; Chapter 6; 12.9.; 13.7.; 14.2.; 15.3.; Provider Agreement A.16.</i></p>	
*9.B.3. Provider staff meet job-specific qualifications in accordance with the provider agreement.	<p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p>	<p>For all Providers: The provider has established written job specific qualifications for staff at all levels of the organization.</p> <p>The provider ensures that staff considered for employment are qualified based on DIDD general requirements.</p> <p>The provider personnel records reflect that the provider has verified licensure or certification of employed or contracted staff prior to employment and that staff maintain a current, valid license during the survey period.</p> <p><i>Provider Manual reference: 5.2.a.1-2.; 5.2.b.; 10.13.</i></p>	
Outcome 9C. Provider staff are adequately supported.			
Indicators	Results	Guidance	Comments
9.C.1. Provider staff report that supervisory staff are responsive to their	<p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p>	<p>For all Providers: The provider assesses and addresses staff's</p>	

concerns and provide assistance and support when needed.	NA <input type="checkbox"/> IJ <input type="checkbox"/>	support needs. <i>Provider Manual reference: 5.6.; 12.9.; 13.2.f.</i>	
*9.C.2. Provider staff receive ongoing supervision consistent with their job function.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>For all Providers: The provider has written policies and procedures related to staff performance evaluation (not applicable to independent providers).</p> <p>If the provider uses subcontractors to provide direct services, the provider's procedures include a mechanism for ensuring that subcontractor staff are supervised at the same level as provider-employed staff.</p> <p>Providers that hire licensed practical nurses to provide services to persons served or who contract with an outside agency for licensed practical nurses to provide services to persons served ensure that the licensed practical nursing services are appropriately supervised and overseen by a registered nurse onsite.</p> <p>For Day, Residential and Personal Assistance Providers: A supervision plan is required when a provider employs or contracts with staff who are responsible for direct supervision of persons supported. Supervision plans address how the provider accomplishes major supervisory functions, including:</p> <ul style="list-style-type: none"> • Ensuring that staff understand their job duties and performance expectations; • Ensuring that staff acquire the knowledge and skills needed to complete job duties and meet performance expectations; • Monitoring staff performance to ensure that performance issues are promptly identified and rectified by requiring or providing additional training, increased supervision, counseling, and/or appropriate disciplinary action. • Ensuring the completion of unannounced supervisory visits at each service site, across all shifts (including sleep hours, weekends, 	

		<p>and holidays), when both staff and the person using services are present, at the following minimum frequency:</p> <ul style="list-style-type: none"> - Residential (excluding Family Model) - a minimum of three (3) visits each calendar month at the home, including sleep hours, on weekends and on holidays; - Family Model - a minimum of two (2) visits each calendar month at the home, including weekends and on holidays. - Day Services site (excluding Employment Services) - a minimum of one (1) visit each calendar month. - Personal Assistance - a minimum of one (1) visit each calendar month at the home, including weekends and holidays (if applicable). <ul style="list-style-type: none"> • Developing and implementing policies that effectively control the incidence of employees having visitors, including family members, in a service recipient's home that are not present based on the wishes of the service recipient(s); and • Developing and implementing policies that prevent employees from conducting personal business, such as running errands or attending to their children or other family members while on duty. <p>The provider has implemented the supervision plan as written.</p> <p>Providers evaluate the effectiveness of the supervision plan and revise as necessary.</p> <p>For Clinical Providers: If a Behavior Specialist and Behavior Analyst both are providing services to any individual, there is evidence that the Behavior Analyst is coordinating the service.</p> <p>The physical therapist assistant is supervised by the licensed physical therapist onsite a minimum of every 60 days with each person on the</p>	
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		<p>assistant's caseload.</p> <p>The occupational therapist assistant is supervised by the licensed occupational therapist onsite a minimum of every 60 days with each person on the assistant's caseload.</p> <p>The LPN is supervised by the RN onsite per the frequency required by the agency's policy.</p> <p>Documentation of supervision must be maintained in personnel files.</p> <p><i>Provider Manual Reference: 5.2.g.; 5.6.; 5.10.; 11.1.c.; 12.10.; 13.2.f.; 13.9; Nursing Services definition</i></p>	
Outcome 9D. Organizations receive guidance from a representative board of directors or a community advisory group.			
Indicators	Results	Guidance	Comments
9.D.1. The composition of the board of directors or community advisory group reflects the diversity of the community that the organization serves and is representative of the people served.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>For Day, Residential and Personal Assistance Providers:</p> <p>Not-for-profit providers with out of state boards or with boards whose members are not all residents of Tennessee must have local advisory groups composed solely of Tennessee residents.</p> <p>For- profit providers must have a local advisory group.</p> <p>Boards and advisory groups will be composed of individuals representing different community interest groups, including persons with disabilities and or family members of people with disabilities.</p> <p><i>Day-Residential and PA Provider Manual reference: 5.8.a.; 5.8.b.</i></p>	
9.D.2. The members of the board of directors or community advisory group receive orientation and training sufficient to effectively discharge their duties.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>For Day, Residential and Personal Assistance Providers:</p> <p>Within 90 calendar days of appointment, new members of the board are provided orientation regarding the duties and responsibilities of board</p>	

		<p>members. Orientation will also include an introduction to the organization, the services it provides, an overview of its purpose, mission statement and goals and objectives.</p> <p>All board chairs attend DIDD new provider orientation or complete the online equivalent within ninety (90) calendar days of assuming office.</p> <p>Advisory group members are encouraged to attend orientation that includes an overview of provider operations and a description of the duties and responsibilities of advisory group members.</p> <p><i>Day-Residential and PA Provider Manual reference: 5.8.a.; 5.8.b.</i></p>	
9.D.3. The board of directors or community advisory group provides active, effective and ethical guidance for the organization.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>For Day, Residential and Personal Assistance Providers:</p> <p>There are provisions guarding against the development of a conflict of interest between an individual board member and the organization.</p> <p>Boards and advisory groups meet at least quarterly and more frequently if necessary to effectively fulfill its duties and responsibilities.</p> <p>The non-profit Board will review and, as necessary, approve the organization's governing documents, by-laws, policies, quality assurance surveys, and internal quality improvement plan and self-assessments on a regular basis; financial statements are reviewed by the board quarterly. Advisory group members are advised of proposed changes to policies and procedures and asked to provide input.</p> <p>The Board will review and take action to address and resolve in a timely manner any fiscal or other serious issues identified through the provider's self-assessment or through external monitoring.</p> <p>Minutes from meetings of Boards of directors and advisory groups reflect presentation of service</p>	

		<p>recipient and family input and consideration of the information presented in revising provider operational policies, procedures and plans, as appropriate.</p> <p>The board employs a chief executive officer who has been delegated the responsibility and authority to implement board approved plans, policies, etc.</p> <p><i>Provider Manual reference: 5.8.a.; 5.8.b.</i></p>	
Domain 10: Administrative Authority and Financial Accountability			
Related CQL Personal Outcome Measures:			
➤ People experience continuity and security.			
Related CQL Basic Assurance Indicators			
➤ The organization implements sound fiscal practices.			
Outcome 10A. Providers are accountable for DIDD requirements related to the services and supports that they provide.			
Indicators	Results	Guidance	Comments
*10.A.1. The agency provides and bills for services in accordance with DIDD requirements.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>For all Providers:</p> <p>The provider's system of internal financial controls provides for appropriate use of funding and documentation of such.</p> <p>Family members are not paid to provide more than forty (40) hours of direct service per week across all services</p> <p><i>Provider Manual Reference: 5.11.; DIDD memo #183, 7/30/13.</i></p>	
Outcome 10B. People's personal funds are managed appropriately.			
Indicators	Results	Guidance	Comments
*10.B.1. The provider has developed and implemented written policies and procedures to manage and protect personal funds in accordance with DIDD requirements.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>If the provider manages or assists in management of personal funds, the provider develops and implements policies and procedures related to its practices in accordance with DIDD requirements and Generally Accepted Accounting Principles. These policies address:</p> <ul style="list-style-type: none"> • How funds will be maintained securely and 	

		<p>safeguarded including limitations on staff access to personal funds;</p> <ul style="list-style-type: none"> • How direct support and other appropriate staff are trained on agency policies and procedures; • The agency's oversight of the accumulation of personal funds to prevent the loss of benefits (i.e., SSI, Medicaid eligibility); • That the agency does not charge a fee for being the Representative Payee; • The use of DIDD housing subsidies for the person's housing expenses; • The advance of funds on behalf of the person; and • The transfer of personal funds and assets when a service recipient moves to another agency. <p>The provider develops and implements adequate accounting procedures for management of a person's personal funds to assure consistent availability of current information involving:</p> <ul style="list-style-type: none"> • The amount of financial resources available to each person for basic living expenses and for personal spending; • The amount of total countable assets (for people with Medicaid funded services, personal assets exceeding maximum resource limits must be reported to DHS); and • Documentation (e.g., receipts, monthly billings, checkbook ledgers) of expenditures made on behalf of the person, including justification that the purchase was appropriate and in accordance with the person's needs. <p>The above information is available for review.</p> <p><i>Provider Manual reference: 1.5.e.; 5.11; DIDD Personal Funds Management Policy 80.4.3.</i></p>	
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